SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYEIELD COUNTY WISCONSIN APPLICATION FOR PERMIT APR 02 2015 ENTERED

Refund: Date: Permit #: Amount Paid

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

Bayfield Co. Zoning Dept.

Contractor: Sek Authorized Agent: (Person Signing Application on behalf of Owner(s))	TYPE OF PERMIT REQUESTED XIND USE SAN
Contractor Phone: Agent Phone:	Banitary Derivy Conditional Use Mailing Address: 1233 Thompson M Alto City/State/Zip: Boy/Mes, WI 54873
Agent Mailing Address (include City/	@/Zip
}	SPECIAL USE B.O.A. * * * * * * * * * * * * *
Written Authorization Attached Pes X No	Telephone: 7/5 Cell Phone: 7/5 205- 90/3
1000 100	Contractor Phone: Plumber: Agent Phone: Agent Mailing Address (include City/State/Zip): PIN: (23 digits) Recorded Document:

			ALLEAN STORTS STORTS	1,500			Value at Time of Completion * include donated time & material	Non-Shoreland
material and the second	Property	☐ Run a Business on	☐ Relocate (existing bldg)	⅓ Conversion	☐ Addition/Alteration	☐ New Construction	Project	
alaba Anna ann ann ann ann ann ann ann ann a	☐ Foundation	☐ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	≱ 1-Story	# of Stories and/or basement	
					X Year Round	☐ Seasonal	Use	
		□ None		3	2	X 1	# of bedrooms	
□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	X Sanitary (Exists) Specify Type: Charl	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?	
	L	1	Lawrence Company		X Well	☐ City	Water	

Shoreland

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue

Distance Structure is from Shoreline:

Is Property in Floodplain Zone?

Are Wetlands
Present?
☐ Yes
※ No

The state of the s	Proposed Construction:	Existing Structure: (if permit being applied for is re	
	Length:	blevant to it) Length: ろみ	
	width:	Width: 24	
	Height:	Height: / 入	

Proposed Use	<	Proposed Structure	Ðim	Dimensions	Square Footage
		Principal Structure (first structure on property)	(X)	
	×	Residence (i.e. cabin, hunting shack, etc.)	(32	X ≥ų)	388
-		with Loft	(×)	
		with a Porch	^	×	
•		with (2 nd) Porch	(×)	
		with a Deck)	×)	
		with (2 nd) Deck	(X)	
☐ Commercial Use		with Attached Garage	_	×)	
		Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	_	X)	
		Mobile Home (manufactured date)		×)	
		Addition/Alteration (specify)	(X)	
- Municipal Use		Accessory Building (specify)	(×)	
		Accessory Building Addition/Alteration (specify)	•	×)	
				,	
		Special Use: (explain)	_	X)	
		Conditional Use: (explain)	•	×	
, , , , , , , , , , , , , , , , , , ,		Other: (explain)	_	× 	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable tipe for the purpose of inspection.

We be seed All Owners must sign or letter(s) of authorization must accompany this application)

Address to send permit Same Authorized Agent: (If you are signing on behalf of the as alowe owner(s) a 약 must

Owner(s): (If there ar

NO RELOCUERT

THE STATE OF

Date W $|\mathcal{G}|$

Date

Copy of Tax Statement Copy of Tax Statement

Draw or Sketch your Property (regardless of what you are applying for)

de.

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Shipp (Received)

MENTH Refund: Amount Paid

150gt BED S13-1S

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department

Bayfield Co. Zoning Dep

TYPE OF PERMIT REQUESTED	TYPE OF PERMIT REQUESTED UNIT ALL PERMITS HAVE BEEN ISSUED	E SANITARY	PRIVY	CONDITIONAL USE		SPECIAL USE □ B.O.A.	.A. □ OTHER	ER
Owner's Name:	Nancy Drallmeier	`	Mailing Address: 383S 160H んぴ	~ 0	City/state/zip:		Telephone:	,
Address of Property:	Cree Addition - Potawatorni	otawatain i	City/State/Zip: Bornes,	103	21873	54013	Gell Phone: (715)	ない
Contractor:		Contr	actor Phone:	Plumber:	. Military		Plumber Phone:	ne:
Authorized Agent: (F	Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: A	gent Mailing Add	Agent Mailing Address (include City/State/Zip):	tate/Zip):	Written Authorization Attached □ Yes □ No	orization
PROJECT LOCATION	Legal Description: (Use Tax Statement)		04-00424 S	00 6 hSI 00	00	Recorded Document: (i.e. Property Ownership) VolumePage(s)	nt: (i.e. Property Page(s)	Ownership)
1/4, _	1/4 Gov't Lot	Lot(s) CSM	M Vol & Page	Lot(s) No.	Block(s) No.	Subdivision: Orec	"Orch Addition	ti on
Section	, TownshipN, Range	nge W	Fown of:	NS		Lot Size	Acreage	3
	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yescontinue →	feet of River, Stre odplain?	tream (incl. Intermittent)	Distance Struct	Distance Structure is from Shoreline : fee		Is Property in A	Are Wetlands Present?
Shoreland —	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	0 feet of Lake, Por	Pond or Flowage If yescontinue	Distance Struc	Distance Structure is from Shoreline :fee	<u>*</u>	∵Yes No	Yes
X Non-Shoreland								
Value at Time of Completion * include donated time &	Project	# of Stories and/or basement	Use	# of bedrooms	Sewe Is a	What Type of Sewer/Sanitary System is on the property?	m /	Water
· · · · · · · · · · · · · · · · · · ·	New Construction	1-Story	Seasonal		☐ Municipal/City [New] Sanitary	ity ary Specify Type:		□ City
98/g *	+-+	2-Story		1 1	N I			
	Relocate (existing bidg)	Basement No Basement		□ None	Privy (Pit) o	Portable (w/service contract)	Vaulted (min 200 gallon) e contract)	
	Property	Foundation			☐ Compost Toilet	ilet		
		H-STITE AND ADDRESS OF THE ADDRESS O			None			
Existing Structure	Existing Structure: (If permit being applied for is relevant to it)	elevant to it)	Length:		Width:	T	Height:	
Proposed Construction:	uction:		Length:		Width:	7	Height:	
Proposed Use	4	And desirable de	Proposed Structure	.e.		Dimensions		Square Footage
	Principal Strue	cture (first struc	Principal Structure (first structure on property)			×		
		Residence (i.e. cabin, hunting shack, etc.)	shack, etc.)			(シン エン エン エン エン	ر د ا	768

Proposed Use	•	Proposed Structure	Dimensions	Square Footage
The state of the s		Principal Structure (first structure on property)	(x)	
	EZ.	Residence (i.e. cabin, hunting shack, etc.)	(34 × 32)	768
`		with Loft	(12 × 12)	エエ
W Residential Use		with a Porch	(he x 61)	386
		with (2 nd) Porch	(x)	
		with a Deck	(hp x of)	o 다
		with (2 nd) Deck	(12×24)	388
☐ Commercial Use		with Attached Garage	~ × ·	•
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(x)	
		Mobile Home (manufactured date)	(x)	
		Addition/Alteration (specify)	×	17aa-
☐ Iviunicipal Use	‡ 	cessory Building (specify)		-
**		Accessory Building Addition/Alteration (specify)	×	
Bac'd for legisance		Special Use: (explain)	(x)	
TION WINE TOWN		Conditional Use: (explain)	(x)	
NW 12 2015		Other: (explain)	×	
	(Strain Print			

	If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Date 4-21-2015	owner(s): Makey S Drawmain (1917)
	above described property at any reasonable time for the purpose of inspection.
linistering county ordinances to have access to the	Thay be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering country of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering country relying to the country of the count
issue a permit. I (we) further accept liability which	am (क्रिक्सिकीर्वार्ध केरे किसी) and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit.
<pre>!IES prect and complete. I (we) acknowledge that I (we)</pre>	FAILURE TO OBTAIN A PERMIT Or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) Level that this proving function is any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct
	- d - g - g - g - g - g - g - g - g - g

Address to send permit

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Authorized Agent:

Date

Setback from the North Lot Line
Setback from the South Lot Line
Setback from the West Lot Line
Setback from the East Lot Line Issuance Information (County Use Only) Hold For Sanitary: Signature of Inspector Granted by Variance (B.O.A.)

☐ Yes (XNo Permit Denied (Date) Setback to Septic Tank or Holding Tank
Setback to Drain Field
Setback to Privy (Portable, Composting)
Prior the placement of controlled of a second controlled of the secon Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Condition(s): Town, Committee or Board Conditions Inspection Record: Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming $\overset{\sim}{\mathcal{D}}$ Was Parcel Legally Created Was Proposed Building Site Delineated Please ie box below. Draw or Sketch your Property (regardless of what you are applying for) YOU OUT MICHEL G40,00) complete (1) - (7) above (prior to continuing) (2) (3) (4) (5) (6) 8 Show any (*): Show any (*): Show: Show: Show Location of: Show / Indicate: 0/37 Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) Setbacks: (measured to the closest point) Show Location of (*): construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from orner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known comer within 500 feet of the proposed site of the structure, or must be NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code

The local Town, Village, City, State or Federal agencies may also require permits. Comb 2 presson of a structure within ten (10) feet of the minimum required arked by a licensed surveyor at the owner's expense of a structure. Case #: □ Yes □ Yes 5 Hold For TBA: Sty & Can M Yes (Deed of Record) (Fused/Contiguous Lot(s)) It will anger. ڪم Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20% ZZ 50.5 Septic Sanitary Number: Inspected by: Permit Date: Reason for Denial: Measurement 7 EN SOPER 50 S DEVIN. \odot Hold For Affidavit: Systen 106.97 oN M SN No ON M Feet Feet Feet Feet Feet Feet Feet Map IVW De Vol 136 (If No they need to be atta Previously Granted by Variance (B.O.A.)

| Yes | DNo | Mitigation Required Mitigation Attached $\stackrel{\circ}{\sim}$ Setback from Wetland
20% Slope Area on property
Elevation of Floodplain Were Property Lines Represented by Owner
Was Property Surveyed Setback to Well Setback from the Lake (ordinary high-water mark)
Setback from the River, Stream, Creek
Setback from the Bank or Bluff dary line from which the setback must be m S C+)
Changes in plans must be approved by the Planning & Zoning Dept. Hold For Fees: # of bedrooms: Description Yes Yes ON P 2 Affidavit Required Affidavit Attached ¶Yes ¥Yes Sanitary Date: Lakes Classification **(**) Date of Re-Inspection: Zoning District Date of Approval: 7 Ş 1 3 Measurement 8 _ _ Yes Yes 2 50 5 ed corner to the Tamarack Circle ON SE Feet Feet Feet Feet N Feet 8 8

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Addiness

alross

road

20802

Wilder Ress

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Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN Date Stamp(Miscelved)

MAY 13 2015

ENTERED te: Permit #:

Bayfield Co. Zoning Dept. Refund:

\$78 513-18

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	Thecks are made payable to: Bayfield County Zoning Department.	MANAGEMENT IN DELITIES AND DELITIES OF COLOR OF COLOR DELICE.
) TO APPLICANT.		

CONDITIONAL USE D SPECIAL USE D B.O.A. Chy/State/Zip: Th Are Chemicocol C, H, WI 54013 O, WI 54973	
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Proposed Construction:	Existing Structur					2000	C# 10 C	ጉ		Value at Time of Completion * include donated time & material
uction:	Existing Structure: (if permit being applied for is relevant to it)			Property	☐ Run a Business on	☐ Relocate (existing bidg)	Conversion	□ Addition/Alteration	New Construction	Project
	or is relevant to it)	- Investment of the second of		☐ Foundation	□ No Basement	□ Basement	□ 2-Story	☐ 1-Story + Loft	¥ 1-Story	# of Stories and/or basement
Length: 24	Length:							Year Round	□ Seasonal	Use
\$					以 None		3	□ 2	_ _	# of bedrooms
Width: 30 Height	Width: Height:		□ None	☐ Compost Tollet	☐ Portable (w/service contract)	Privy (Pit) or Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	[(New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
Height: 720					and the state of t)0 gallon)	- LAMBINET	Well	□ City	Water

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Proposed Use	\	Proposed Structure	Dim	Dimensions	Square
		Principal Structure (first structure on property)		×)	
		Residence (i.e. cabin, hunting shack, etc.)	(× 	
		with Loft	(х }	
W Residential Use		with a Porch	(x }	
		with (2 nd) Porch	(x)	
		with a Deck	(×)	
		with (2 nd) Deck	(×	
☐ Commercial Use		with Attached Garage	(×)	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	_	×	
		Mobile Home (manufactured date)		×	
		Addition/Alteration (specify)	_	×	
Municipal Use		Accessory Building (specify) Garage	ङ्	× 30)	720
And the second s		Accessory Building Addition/Alteration (specify)	(×)	
Hec'd for Issuance	Œ				
		Special Use: (explain)	_	×	
		Conditional Use: (explain)		×	
Secretarial Staff		Other: (explain)		×	
CCC C(C) C(C)		house			

owner(s): 75 Mall Mais A FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of the 12-15

-	Authorized Agent:
(If you are signing on behalf of the owner(s) a letter of a	

Address to send permit

uthorization must accompany this application)

d on the Deed $\overline{\text{All}}$ Owners must sign or letter(s) of authorization must accompany this application)

Date

Date

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

			-	66 Feet	Setback to Privy (Portable, Composting)
				NA Feet	Setback to Drain Field
Feet	(B)	Setback to Well		\V.\\\ Feet	Setback to Septic Tank or Holding Tank
Feet	dplain 1/A	Elevation of Floodplain	•	200 Feet	Setback from the East Lot Line
₹ No	on property Yes	20% Slope Area on property		つう Feet	Setback from the West Lot Line
(A) Feet	tland	Setback from Wetland		75 Feet	Setback from the South Lot Line
				210 Feet	Setback from the North Lot Line
y) Feet	Bank or Bluff / レギ	Setback from the Bank or Bluff			
(シェ) Feet	Setback from the River, Stream, Creek	Setback from the	•	Feet	Setback from the Established Right-of-Way
CA Feet	Setback from the Lake (ordinary high-water mark)	Setback from the	•	95 Feet	Setback from the Centerline of Platted Road
				1	
Measurement	Description Mea			Measurement	Description
Alien				t point)	(8) Setbacks: (measured to the closest point)

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

PROPRINTED PROPRINTED PROPRINTED PROPRINTED PROPRINTED PROPRIATION OF THE PROPRIATION OF		Hold For Fees:		Hold For Affidavit:	Hold For TBA:	Hold For Sanitary:	Hold F
Date of Approval: 5/12/15	Dat					Signature of Inspector (Signat
					B/tger	Not for thema, Habitation	
					int,	nother branco off or	50
		ched.)	No -(If No they need to be attached.)	☐ Yes	Conditions Atta	Condition(s): Town, Committee or Board Conditions Attached?	Condi
Date of Re-Inspection:	Date of		4	Inspected by: Hon		Date of Inspection: $5/(2//5)$	Date
Zoning District (\mathcal{P})) Lakes Classification $(\mathcal{N}^{\mathfrak{F}})$	Zoning I Lakes Cl				À	Inspection Record: 1) INDICATE / HAILE	Inspe
O No	Yes	Were Property Lines Represented by Owner Was Property Surveyed	Were Property Line	0	d Gyes □ No	Was Parcel Legally Created Was Proposed Building Site Delineated	Was
	#	y Variance (B.O.A.) Case #	Previously Granted by Variance (B.O.A.)			Granted by Variance (B.O.A.) ☐ Yes ΥΝο Case #:	Grant
Affidavit Required □ Yes ☑No Affidavit Attached □ Yes ☑No	Affidavit I Affidavit /	□ Yes & No	Mitigation Required Mitigation Attached	uous Lot(s)) DNO	☐ Yes {Deed of Record} ☐ Yes {Fused/Contiguous Lot(s)} ☐ Yes	Is Parcel a Sub-Standard Lot	ls Pai Is Is
			3.15	Permit Date: 5-/3-		Permit #: 1/5-0138	Permi
				Reason for Denial:		Permit Denied (Date):	Permi
itary Date:	Sanitan	# of bedrooms:		Sanitary Number:	Jse Only)	Issuance Information (County Use Only)	Issua

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PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIETO COUNTY, WISCONSIN
Date Stimp (Received)
MAY 13 2015 MAY 13 2015 THERE

Bayfield Co. Zoning Dept.

Refund: Permit #: Date: Amount Paid \$50 \$7

		ALTIES	IIT WILL RESULT IN PENA	MITHOUT A PERM	TING CONSTRUCTION V	FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES	FAIL	Secretarial Staff
	X)	_	T. C.		and delicities of the second s	Other: (explain)	Othe	1
	x)	1			***************************************	Conditional Use: (explain)	Conc	
	X)	1				Special Use: (explain)	☐ Spec	Dec a lot bangher
								חייים לייים לייים לייים
\$	×			112	Viteration (specify)	Accessory Building Addition/Alteration (specify)		
a C		1 14	ALLEGA TO THE PARTY OF THE PART	7366	C 000 N	Accessory Rullding (specify)		☐ Municipal Use
		7	And the second s		(C)	Addition/Alteration (specify)	Add	
	× >	#	cooking & food prep facilities)	or cooking &	」 sleeping quarters,	Bunkhouse w/ (sanitary, or sleeping quarters, or	<u> </u>	
		+		:	age	with Attached Garage	-	Commercial Use
		1		- Commontant		with (2") Deck		
	×	-	and the state of t			with a Deck	To the same of the	
	×)	_				with (2 nd) Porch		•
A Commission of the Commission	×	-	The state of the s			with a Porch		Residential Use
	×	_	and the state of t			with Loft		•
	×			and the first feeling	hack, etc.)	Residence (i.e. cabin, hunting shack, etc.)	_	
Footage	×	-			iro on property)	in the state of th	antes	_
Square	Dimensions			ď	Proposed Structure		•	Proposed Use
ַם,	Height:	'	Width: 14'		Length: 2o			Proposed Construction:
	Height:		Width:		Length:	ed for is relevant to it)	dde Buiag 11tm.	Existing Structure: (if permit being applied for is relevant to it)
			□ None			Nesseratur	Addition the second	
		et	Compost			☐ Foundation	Property	Pro
	ntract)	(w/service contract)	☐ Portable (w/se	₩ None			Run a Business on	_ R
	⊃ lı	<u> — </u>	☐ Privy (Pit) or		ll		Relocate (existing bldg)	Liposo, Reli
- '	Specify Type:		1		Teas Noulla	01	Conversion	
□ City	ify Type:		☐ Municipal/City			 <u> </u>	New Construction	
				S				
Water	t Type of nitary System e property?		Wha Sewer/Sa Is on th	# of bedrooms	Use	# of Stories and/or basement	Project (What are you applying for)	Value at Time of Completion * include donated time & (What
a. Articular and the second and the								□ Non-Shoreland
No 5		ine : feet	19 fe	Distance Structure	Pond or Flowage If yescontinue —>	汉 Is Property/Land within 1000 feet of Lake, Pond or Flowage ff yescontinue	roperty/Land v	•
	Floodplain Zone				es	ae or riooapiain:	Cortanoward	Shoreland — cree
Are Wetlands	Is Property in	ine:	cture is from Shoreline :	Distance Structure	am (ind. Intermittent)	☐ Is Property/Land within 300 feet of River, Stream	roperty/Land	□IsF
3,79	6,	S(0) E		BARNES		N, Range W	, Township	Section, T
Acreage	<u> </u>	Lot Size Appro	L		Town of:			
Ť	AH . Shart	Subdivision:	Block(s) No.	Lot(s) No.	VI Vol & Page	Gov't Lot Lot(s) CSM	1/4	1/4,
Page(s)	***************************************	Volume	0000 - 800c	-09/365	-2-44		4	LOCATION
operty Ownershi	rded Document: (i.e. Property Ownership)	Recorded		2-		(I ke Tax Statement) PIN: (2	legal Description: /	
Attached □ Yes □ No	Attach			0		aramministrativa (auto)	e de la companya de l	Section (Lections of
n Authorization	Writte	te/Zip):	Agent Mailing Address (include City/State/Zi	gent Mailing Add	74	Signing Application on behalf of Owner(s) Agent	ing Application on	Authorized Agent: Descen Signing And
Plumber Phone:	Plumb			Plumber:	_	Contra		.
51-330-6306	159		73	. 54873	BARNES, WIT	\$	C	Ŧ
one:	Cell Phone:	WV.	Nomworks		City/State/Zip:	٧ يو	CDKIZN	Address of Property:
651-330-651	2 V	-				7 -)	T white:
OTHER	☐ B.O.A. ☐	L USE	ONAL USE SPECIAL USE	CONDITIONAL USE	PRIVY	LAND USE SANITARY	25.00	TYPE OF PERMIT REQUESTED

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization

accompany this application)

Date

Attach

Copy of Tax Statement

Groperty send your Recorded Deed

Address to send permit

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. Setback to Privy (Portable, Composting)

Prior to the placement or construction of a structure within ten (10) feet of the minimum other previously surveyed corner or marked by a licensed surveyor at the owner's expensions. Issuance Information (County Use Only) Setback to Septic Tank or Holding Tank
Setback to Drain Field Setback from the East Lot Line Setback from the West Lot Line Setback from the **South** Lot Line Setback from the **South** Lot Line Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Granted by Variance (B.O.A.) Permit #: Permit Denied (Date): Is Parcel in Common Ownership Please complete (1) - (7) above (prior to continuing) Inspection Re Was Parcel Legally Created Was Proposed Building Site Delineated Is Structure Non-Conforming Is Parcel a Sub-(2) (3) (4) (5) (7) 0410-5 delow: Draw or Sketch your Property (regardless of what you are applying for) Show any (*): Show any (*): Setbacks: (measured to the closest point) Show: Show: Show / Indicate: Show Location of: Show Location of (*): Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST). Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code

The local Town, Village, City, State or Federal agencies may also require permits. Description ☐ Yes (Deed of Reco MARTS SHORT TOWN (Fused/Contiguous Lot(s)) North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20% **Proposed Construction** □ No ord) 1004 475 Permit Date: Reason for Denial: Sanitary Number: ړلا Measurement S. P. F. ON O Feet Feet Feet Feet Feet Feet Previously Granted by Variance (B.O.A.)
□ Yes ੴNo Mitigation Required Mitigation Attached Setback from Wetland
Setback from 20% Slope Area
Elevation of Floodplain Setback from the Bank or Bluff Were Property Lines Represented by Owner
Was Property Surveyed Setback to Well Setback from the Lake (Setback from the River, dary line from which the Changes in plans must be approved by the Planning & Zoning Dept. # of bedrooms: □ Yes Description , Stream, ordinary high-S S red must be visible from water mark) Affidavit Required Affidavit Attached Æ Yes Æ Yes Date of Re-Inspection Zoning District Sanitary Date: 10 00 □ Yes S S Z □ No Feet Feet Feet Feet Feet